

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2001

ELCAMPOHOUSINGAUTHORITY

ElCampo,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD5007 5)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: ElCampoHousingAuthority

PHANumber: TX355v02

PHAFiscalYearBeginning:(mm/yyyy) 01//01

PHAPlanContactInformation:

Name:RobertAnderson

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TDD:

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PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)

- ☒ Mainadministrative officeofthePHA
☐ PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- ☒ Mainadministrativeof ficeofthePHA
☐ PHAdevelopmentmanagementoffices
☐ Mainadministrativeofficeofthelocal,countyorStategovernment
☐ Publiclibrary
☐ PHAwebsite
☐ Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- ☒ MainbusinessofficeofthePHA
☐ PHAdevelopmentmanagementoffices
☐ Other(listbelow)

PHAProgramsAdministered :

- ☐ PublicHousingandSection8 ☐ Section8Only ☒ PublicHousingOnly

AnnualPHAPlan

FiscalYear2002

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Attachment <u>D</u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment E: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment F: Membership of Resident Advisory Board or Boards	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G: Component 3, (6) Deconcentration and Income Mixing	
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ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

El Campo Housing Authority has made the following changes to their policies as follows:

El Campo Housing has updated the ACOP policy, Procurement Policy, and changed their Pet Policy for elderly or Handicapped to pay \$100.00 refundable pet fee.

Comments on safety: Police patrol the development regularly.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 327,534.00

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment B

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8f or units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum home owner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component if PHA is eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

PHA eligible for PHDEP funds must provide a PHDEP Plan

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?
\$34,383.00
- C. ☒ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☒ Yes ☐ No: The PHDEP Plan is attached as Attachment D

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached as Attachment (Filename) G
3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☒ Other: (list below) Approved plans as is

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

C.CriteriaforSubstantialDeviationandSignificantAmendments

1. AmendmentandDeviationDefinitions

24CFRPart903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A.SubstantialDeviationfromthe5 -yearPlan:

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

El Campo Housing Authority has not made any changes to the 5 -year plan at this time

B.SignificantAmendmentorModificationtotheAnnualPlan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30-day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

El Campo Housing has updated the ACOP policy, Procurement Policy, and changed their Pet Policy for elderly or Handicapped to pay \$100.00 refundable pet fee. Has not made any changes to the Capital Fund Program at this time

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
N/A	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
N/A	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self -sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi -annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENTB**AnnualStatement/PerformanceandEvalua tionReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName: ElCampoHousingAuthority		GrantTypeandNumber TX24P35550101 CapitalFundProgram: CFP CapitalFundProgram Re placementHousingFactorGrantNo:		FederalFYofGrant: 2001	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnu alStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCo st		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	1,500.00			
4	1410Administration	1,200.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430Feesand Costs	54,570.00			
8	1440SiteAcquisition				
9	1450SiteImprovement	92,006.00			
10	1460DwellingStructures	140,010.00			
11	1465.1DwellingEquipment —Nonexpendable	9,480.00			
12	1470NondwellingStructures	15,768.00			
13	1475NondwellingEqui pment	13,000.00			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines 2-19)	327,534.00			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

PartII:SupportingPages

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ATTACHMENTB**AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:ElCampoHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX24P35550101 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant:2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX355-002								
	Installhandicappedrampsandhandrails	1450	25	35,135.00				
	TrimTrees	1450	5	1,500.00				
	Levelfoundationandrepairinteriorof units	1460	3	17,068.00				
	Makeunitsreadyforrent	1460	10	9,000.00				
	Replaceclosetdoorswithnew	1460	40	5,400.00				
	Replacethelightsinthekitchenand diningroomswithfluorescentlight	1460	50	26,050.00				
	Replacethevent -a-hoodswi thnew	1460	50	23,250.00				
	Install220v.outletsandventfordryers instorageunits	1460	50	17,600.00				
	Replaceexistingcommodeswit6hnew handicappedtypeinallonebd.	1460		6,574.00				
	Replaceexistingburglarybarswithnew safetyre leasetypeincaseoffire. (CommunityRoom)	1470		15,768.00				

ATTACHMENTB**AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousin gFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:ElCampoHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX24P35550101 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX355-HA								
	Providefundsfortraining	1408		1,500.00				
	Providefundsforsundryitems	1410		1,200.00				
	Hireanon -siteinspector	1430		8,738.00				
	Hireaarchitecttodevelopplans& specifications	1430		30,478.00				
	Providefundsfor reproductionsofprints	1430		1,000.00				
	Hireaparttimemaintenanceman	1430		9,854.00				
	Hireaconsultanttoassistwithannualplan	1430		4,500.00				
	Purchaseranges,refrigeratorsandhotwater heaters	1465		9,480.00				
	Purchaseatorch/ welder,longbedtrailer,and ausedgolfcart.	1475		5,000.00				
	Installcarpetintheoffice	1475		5,000.00				
	Installdightsinthemaintenancebuilding	1475		3,000.00				

Part III: Implementation Schedule

[illegible]

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAEI Campo Housing Authority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2002 PHAFY:2002	WorkStatementforYear3 FFYGrant:2003 PHAFY:2003	WorkStatementforYear4 FFYGrant:2004 PHAFY:2004	WorkStatementforYear5 FFYGrant:2005 PHAFY:2005
	Annual Statement				
TX355-001		199,584.00	69,170.00	107,040.00	166,956.00
TX355-002		44,670.00	145,000.00	145,744.00	85,828.00
TX355-HA		83,280.00	113,364.00	74,750.00	74,750.00
CFPFundsListedfor 5-yearplanning		327,534.00	327,534.00	327,534.00	327,534.00
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2002 PHAFY:2002			ActivitiesforYear:3 FFYGrant:2003 PHAFY:2003		
	Development Name/Number	MajorWorkCategories	EstimatedCost	Development Name/Number	MajorWorkCategories	EstimatedCost
See						
Annual						
Statement	<i>TX355-001</i>	Makeunitsreadyforrent	18,000.00	<i>TX355-001</i>	Makeunitsreadyforrent	18,000.00
		Replaceexistingsewerlineswithnew PVC	181,584.00		Masterkeyforexteriorddoors	18,670.00
					Replaceexistin gvanitieswithnew	32,500.00
TotalCFPEstimatedCost			\$199,584.00			\$69,170.00

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:5 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWorkCategories	EstimatedCos t	Development Name/Number	MajorWorkCategories	EstimatedCost
See						
Annual						
Statement	<i>TX355-001</i>	Replaceallexistingbathtubswith new	61,500.00	<i>TX355-001</i>	Installheatandairconditioninginall 4bd.units	70,806.00
		Makeunitsreadyfor rent	18,000.00		Makeunitsreadyforrent	18,000.00
		Completefoundationlevelingand repairinteriorofunits	27,540.00		Installnewkitchencabinets	78,150.00
TotalCFPEstimatedCost			\$107,040.00			\$166,956.00

PartII:SupportingPages —WorkActivities

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PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 36,854.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

The El Campo Housing Authority manages 150 units. We plan to continue the successful summer programs; WCJC, computer classes, summer programs for young boys and girls, GED programs and counseling for kids.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
TX355-001	100	
TX355-002	50	

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months). For "Other", identify the # of months.

12Months X 18Months _____ 24Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1999	32,991.00	TX24DEP3550199				
FY2000	34,383.00					

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

The goals for PHDEP funds are to provide a safe, drug-free environment for the residents. This is accomplished by the security patrol and the social service programs provided by our partners in the community. We monitor and evaluate the activities by reports submitted by the police department and staff, and resident’s surveys.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY2001PHDEPBudgetSummary	
Originalstatement	
Revisedstatementdated:	
BudgetLineItem	TotalFunding
9110 –ReimbursementofLawEnforcement	19,000.00
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -E mploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	1,000.00
9160 -DrugPrevention	16,854.00
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	36,854.00

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsas necessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.Tablesforlineitemsinw hichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

9110 –ReimbursementofLawEnforcement		TotalPHDEPFunding:\$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel		TotalPHDEPFunding:\$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements		TotalPHDEPFunding:\$20,0 00.00
Goal(s)	Installsecuritylights	
Objectives	Reduceoverallcrimeinthedevelopment	

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.Installsecuritylights					20,000.00		
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$14,383.00		
Goal(s)	Reduceoverallcrimeinthedevelopment						
Objectives	Provideandyouthalternatestodrugs.						
ProposedActivities	#of Persons Served	Target Population	StartDate	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.SocialServiceprograms			10/15/01	10/15/02	16,854.00		Participationinprograms,adultsgetting GEDs,youthsreceivingcou nselingand Summerprograms
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
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Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFund ing (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment E: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment F — Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide descriptions sufficient to identify how members are chosen.)

September 4, 2001

Minutes to the Resident Advisory Board held on August 17, 2001 at 4:00 p.m.

Meeting called to order at 4:00 p.m. by Robert Anderson. The topics presented were very important and positive for the residents at the El Campo Housing Authority. RAB was in agreement with the necessary improvement and Annual/5 -Year Plan.

1. Continue the at-risk program for students
2. Bus stop shelters for Complex #2
3. Benches at bus stop at Complex #1
4. Assist elderly residents
5. Central A/C
6. Roofing
7. Security
8. Sidewalks/parking lots.

All present received a draft copy of the Annual/5 -Year Plan. We discussed new policies. We are excited about the attendance of residents and the concerns shown by both complexes.

Those in attendance were as follows: Robert Anderson, Robert Escamilla, Yolanda Rodriguez, Audrey Coleman, Maria Guajardo, Rev. Earl Harris and Lavenia Haynes/Recording Secretary

Robert Anderson
Executive Director

ATTACHMENT G: De concentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

AttachmentH:VoluntaryConversionofDevelopmentsfrom PublicHousing Stock;

A. HowmanyofthePHA'sdevelopmentsaresubjecttotheRequiredInitialAssessments.

Project001andProject002

B. HowmanyofthePHA'sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?

None

C. HowmanyAssessmentswereconductedforthePHA'scovereddevelopments?

One

D. IdentifyPHAdevelopments thatmaybe appropriateforconversionbasedonthe RequiredInitialAssessments:

DevelopmentName	NumberofUnits
TX355-001	100
TX355-002	50

E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof these assessments.

Conversionatthistimewouldhaveadverseaffectontheavailabilityofaffordable housinginourcommunityatthistime.

ATTACHMENT I Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: El Campo Housing Authority		Grant Type and Number: TX21P35550100 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
XP erformance and Evaluation Report for Period Ending: 3/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	1,200.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,093.00		28,893.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	264,296.00		899.91	899.91
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	1,450.00			
13	1475 Non dwelling Equipment	24,000.00		1,761.96	1,761.96
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	321,039.00		31,554.87	2,661.87
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENT I Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: El Campo Housing Authority		Grant Type and Number Capital Fund Program #: TX21P35550100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX355-001								
355-001-1	Remove existing roofing on all units. Replace rotted decking and install new heavy-duty composition shingles. Install turbines on all units.	1460		166,740.00				
355-001-2	Overlay floor tile in all units	1460		78,910.00		360.00	360.00	
355-001-3	Install wall insulation	1460	25	12,500.00				
355-001-4	Purchase paint	1460				239.96	239.96	
	SUBTOTAL	1460		258,150.00		599.96	599.96	
	TX355 -001 TOTAL			258,150.00		599.96	599.96	

ATTACHMENT I Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: El Campo Housing Authority		Grant Type and Number Capital Fund Program #: TX21P35550100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX355-002								
355-002-1	Install 220 volt outlet and thru wall vent for dryer	1460	25	6,146.00				
355-002-2	Purchase paint	1460				299.95	299.95	
	SUBTOTAL	1460		6,146.00		299.95	299.95	
	TX355 -002 TOTAL			6,146.00		299.95	299.95	

ATTACHMENT I Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: El Campo Housing Authority			Grant Type and Number Capital Fund Program #: TX21P35550100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX355-HA								
355-HA-1	Provide funds for sundry items	1410		1,200.00				
	SUBTOTAL	1410		1,200.00				
355-HA-2	Hire an architect to develop plans and specifications	1430		28,893.00		28,893.00		
355-HA-3	Provide funds for reproduction	1430		1,200.00				
	SUBTOTAL	1430		30,093.00		28,893.00		
355-HA-4	Install vent - fans and lights for the maintenance building	1470		1,450.00				
	SUBTOTAL	1470		1,450.00				
355-HA-5	Purchase a commercial mower	1475		15,000.00				
355-HA-6	Purchase a copier	1475		4,000.00				
355-HA-7	Purchase a wall safe – one for each office	1475		5,000.00		1,761.96	1,761.96	
	SUBTOTAL	1475		24,000.00		1,761.96	1,761.96	
	HA WIDE NEEDS TOTAL			56,743.00		30,654.96	1761.96	

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]